

Primary Reg. Dist. No. 2501		Ohio Department of Health - Vital Statistics		State File No. 2022134086	
Registrar's No. 2022015192 CERTIFICATE OF DEATH					
1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)			2. Sex		3. Date of Death (Month/Day/Year)
LINDA M DIAMOND			FEMALE		DECEMBER 16, 2022
4. Social Security Number	5a. Age (Years)	5b. Under 1 Year Months	5c. Under 1 day Hours	6. Date of Birth (Month/Day/Year)	7. Birthplace (City and State or Foreign Country)
334-38-3681	81			NOVEMBER 28, 1941	CHICAGO, ILLINOIS
8a. Residence State		8b. County		8c. City or Town	
OHIO		FRANKLIN		COLUMBUS	
8d. Street Address and Zip Code					9. Ever in US Armed Forces?
1800 RIVERSIDE DRIVE APT. 1413 43212					NO
10. Marital Status at Time of Death			11. Surviving Spouse's Name (if valid, give name prior to first marriage)		
MARRIED			DARROUGH DIAMOND		
12. Decedent's Education			13. Decedent of Hispanic Origin		14. Decedent's Race
MASTERS DEGREE (E.G., MA, MS.)			NO		WHITE
15. Father's Name			16. Mother's Name (prior to first marriage)		
JOHN MANN			IRENE WATKINS		
17a. Informant's Name			17b. Relationship to Decedent		17c. Mailing Address (Street and Number, City, State, Zip Code)
DARROUGH DIAMOND			HUSBAND		1800 RIVERSIDE DRIVE 1413 COLUMBUS, OHIO 43212
18a. Place of Death			18b. Facility Name (if not institution, give street & number)		
HOSPITAL - INPATIENT			OHIO STATE UNIVERSITY HOSPITALS		
18c. City or Town, State and Zip Code			18d. County of Death		
COLUMBUS, OH 43210			FRANKLIN		
19. Funeral Service License or Other Agent			20. License Number (if licensee)		21. Name and Complete Address of Funeral Facility
ASHLEY R SAYED			009939		NEPTUNE SOCIETY, HILLIARD 4558 CEMETERY RD HILLIARD, OH 43026
22. Method and Place of Disposition			23. Local Registrar		
CREMATION - SCHOEDINGER/COLUMBUS CREMATORY, COLUMBUS, OH			Sandra Taylor		
24. Date Filed (Month/Day/Year)			25. Date of Death (Month/Day/Year)		
JAN 06 2023			JAN 06 2023		
26a. Certifier (Check only one)			26b. Time of Death		
<input checked="" type="checkbox"/> Certifying Physician to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			8:31 AM		
<input type="checkbox"/> Coroner or Medical Examiner on the basis of examination and investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			26c. Date Pronounced/Dead (Month/Day/Year)		
			12/14/2022		
26d. Was Case Referred to Medical Examiner or Coroner?			26e. Date Signed (Month/Day/Year)		
NO			12/30/2022		
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death					
CASEY COSGROVE, 410 W. 10TH AVE, COLUMBUS, OH 43210					
28. Part I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. Type or print in permanent blue or black ink.					
Immediate Cause (Final disease or condition resulting in death)		b. Due to (or as Consequence of)		Approximate Interval: Onset and Death	
Myocardial infarction		Immune related side effect		12/2022	
Sequentially list conditions, if any, leading to immediate cause.		c. Due to (or as Consequence of)		5/2020	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death)		Ovarian cancer		5/2020	
Part II. Enter significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
30. Did Tobacco Use Contribute to Death?			31. If Female, Pregnancy Status		32. Manner of Death
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> Probably			<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide
33a. Date of Injury (Month/Day/Year)			33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)
33d. Location of Injury (Street and Number or Rural Route Number, City or Town, State)			33e. Injury at Work?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
33f. Describe How Injury Occurred:			33g. If Transportation Injury, Specify:		
			<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:		

Sandra Taylor, Franklin County Registrar

JAN 06 2023

Sandra Taylor